

Tower Sacco Plaza P.O Box 259-20303, OLKALOU

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GOLDEN YEARS ACCOUNT APPLICATION FORM



1. APPLICANT'S PARTICULARS		
CUST. ID*		BRANCH
FIRST NAME*	MIDDLE NAME*	LAST NAME*
ID NO	MOBILE NO:	EMAIL:
COUNTY:	P.O Box:	Code:
 Ksh	from r for a duration of Signature of applicant _	hereby authorize you to deduct my FOSA Savings account every month with effect year(s).
3. FOR OFFICIAL USE ON	LY	
Account No.:		
Detail entered by: Name: Verified by:	Sign:	/
Verified by: Name: Approved by:	Sign:	/
	Sign:	/

TERMS AND CONDITIONS

- 1. The account is designed for both salaried and non-salaried members who wishes to save for their retirement.
- 2. No ledger fees
- 3. No minimum account balance
- 4. Withdrawal only upon maturity of the plan once the account holder attains the age of 60 years
- 5. Attractive interest rate which is ploughed back to the account at the end of every year
- 6. Savings can be done through check-off, fosa standing orders, direct deposit, mobile banking or bank transfers